APPLICATION/APPOINTMENT OF TEMPORARY GUARDIAN PC-504 REV. 10/04

STATE OF CONNECTICUT

RECORDED(CONFIDENTIAL VOLUME):

COURT OF PROBATE

[Type or print in black ink.]

TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.	
IN THE MATTER OF	A MINOR CHILD BORN ON	
Presently residing at	☐ The minor child is the subject of a pre-support order.	existing child
PETITIONER [Name, address, zip code, telephone number, social security number, and legal status of petitioner (e. g. parent, guardian of the person) C.G.S §45a-622.]	PROPOSED TEMPORARY GUARDIAN code, social security number, and birth do	-
PERSONS WHO HAVE GUARDIANSHIP RIGHTS WITH RESPECT if incompetent or in military service, so indicate. Give last known addres if known.] MOTHER		
FATHER [Including an unwed father, C.G.S. §45a-604. If father is unk	nown, so state.]	
GUARDIAN(S) OF THE PERSON OF THE MINOR		
Explain why the parent(s) or guardian(s) is/are unable to care for the mi THE PETITIONER REPRESENTS that there is a no proceedi of said minor child to the best knowledge and belief of the petitioner. Conjugated attails uning Second Short BC 1800.	ng pending or contemplated in another cour	rt affecting the custody
where the date of the Court decree and to terminate one year from the date of solution of the court decree and to terminate one year from the date of solution of the court decree and to terminate one year from the date of solution of the court decree and to terminate one year from the date of solutions. The representations contained herein are made.	said decree OR 20	minor to commence on
Petitioner:	Petitioner:	
Date:	Date:	
[If petitioner is requesting a waiver of fees, attach PC-	184, Request/Order Waiver of Fees - Petitio	ner.]
PROPOSED TEMPORAR IF APPOINTED, I/WE WILL ACCEPT SAID POSITION OF TRUST.		
Signature(s)		
Address(es) and zip code(s)		
Telephone Number(s):		